



ROSEBUD SIOUX TRIBE

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June 20th, 2017

Honorable Kristi Noem
District of South Dakota
2457 Rayburn House Office Building
Washington, DC 20515

Reference: H.R.2662-Restoring Accountability in the Indian Health Service Act of 2017

Dear Honorable Congresswoman Kristi Noem:

On behalf of the Rosebud Sioux Tribe, I want to extend our gratitude in your commitment in providing quality health care for our Tribe by your introducing of H.R.2662 - Restoring Accountability in the Indian Health Service Act of 2017.

As you are aware the Rosebud Sioux Tribe has worked with you since the December of 2015 seeking answers to correct IHS failure to provide quality health care not only on the Rosebud Sioux Indian Reservation but throughout the Great Plains area.

Thank you for inviting the Rosebud Sioux Tribe in submitting testimony on H.R. 2662. As we understand the point of this Bill it is to create tools for change and specific responsibilities at the IHS.

Before making specific comments about the provisions of the Bill, we would like to give you some perspectives on the real issues at IHS and how they may be addressed, from the experiences of the Rosebud Sioux Tribe

The fundamental problem at IHS is LEADERSHIP. The top of IHS is the focus of our comment. From the Acting Director to most of the Area Directors there is no one that truly understands that IHS is beyond repair. It has become focused on maintaining a system and processes that are not working and cannot provide patient focused delivery of healthcare to Tribal members.

I want to be clear, most of the people working within IHS are dedicated and hardworking. The culture that has been created that seems to purposefully block IHS

employees from doing the job they know should be done. The current culture also intimidates and threatens employees into silence.

As you know, Rosebud has been in the midst of a full blown medial emergency for at least the past 2 years. We have seen IHS at its worst. The consistent issue has been the lack of Leadership.

There have been seemingly earnest attempts to find solutions but we don't get anywhere because IHS leadership moves people in and out, does not take responsibility for the cause of the problems and most importantly does not communicate with the Tribe, except to blame and belittle. Also, the solutions are focused entirely on patching an obviously broken IHS delivery and management systems to the point of defending the systems above all else. This is not leadership and evidences an attitude that the systems are more important than providing healthcare.

For example, right now, at this moment, at Rosebud the Governing Body of the IHS hospital does not have anyone from the Rosebud Tribe as a voting member. Basically, we have the IHS reporting and responding to the IHS without regard to or input from the community being served.

As a starting point for commenting on any legislation it must be acknowledged that the current structure, systems and management of IHS are outdated, broken and cannot be fixed. It has reached a point where only adding tools and responsibilities will not help. The IHS must be set aside and be completely rebuilt from the ground up. If this is not the view, we will be back here next year and the years following talking about the same issues and more Indians will have needlessly died.

Specifically, it is our view that any legislation must accomplish the following:

Respect Treaty Rights, this means always recognizing and affirming the obligations of the US government to provide the highest quality healthcare to every Tribal member.

This is accomplished by making the delivery of patient focused healthcare is the first and truly only priority of IHS. Regardless of what may be said or reported this is not the case now and has not been for a very long time.

Require meaningful communication at all levels between the IHS and Tribes. You may hear that there is a Consultation Policy in place and that it is working. It is not working. Consultation only works when there is a direct and substantial dialogue. It only works when the dialogue leads to better care, solves real problems and is accountable. H.R.2662 - Restoring Accountability in the Indian Health Service Act of 2017 addresses these issues and we hope that the Tribes are included in developing the consultation policies as directed in the proposed legislation.

Creating at IHS a modern state of the art healthcare delivery and administrative system. There are many examples in the private sector and the direction the VA is moving may be worth learning from.

There is currently an MOU between the VA and IHS to provide better access to care for Tribal Vets. This type of cooperation is just one example of how better care can be provided to all Tribal members.

Modern systems address credentialing, wait times and quality of service. We all hear how terrible the credentialing systems are at IHS. The reason is because of the lack of leadership practically every service unit within IHS uses its own method of credentialing. This means that a doctor at IHS Pine Ridge cannot easily come to IHS Rosebud and provide service. It may take 30, 60, 90 days or longer. Also, if a bad doctor is moved out of any given IHS facility they can be credentialed at another because of the lack of systems that track and are accessible system wide at the IHS.

At the Rosebud ER, and others, the lack of standing orders and other processes that are standard in most every other healthcare system in the US has killed our people. It is common and best practice for an ER to have standing orders issued by a doctor. This enables the staff to quickly treat and otherwise deal with incidents. The orders follow well established medical practice and allow staff to administer drugs and other treatments if an attending or on call doctor is not immediately available. This then allows for effective service, evaluations, and assessments as well as saving lives. Why is it that IHS leadership does not require that this fundamental medical practice be implemented everywhere? It is beyond me.

The Opiate epidemic is raging at Rosebud and other Tribes. It is a dirty little secret that IHS prescriptions are one of the common sources of opiates on the reservation. It stems from the attitude if not policy of "Treat the Pain" not the problem. This needs to change. Leadership must address this.

Again, it may be said that there are plans being implemented to address this issue. How long has IHS been in the planning mode? When there is no leadership and no systems – plans are all that can be talked about!

We strongly urge the members to press for the nomination of a permanent Director of IHS as soon as possible. The Rosebud Tribe has endorsed a candidate that will bring a new perspective and is not a member of the PHS. We believe this necessary if the rebuilding of IHS is to have any change at all.

Along with the naming of a permanent Director, the position must be given authority to deal with the rebuild. H.R. 2662 does some of that. We would suggest that the IHS needs a Deputy Secretary level position at HHS and the authority and status that it

brings. IHS has not benefited from being within the PHS. It is appropriate and necessary that Tribal Healthcare be given the priority and status it deserves this change within HHS would bring.

As to the rebuild, we applaud the task force set up by the house. It is our hope that this signals the rebuilding efforts we advocate are supported by the members. We will work with the task force and continue to advocate for real meaningful recommendations that rebuild and strengthen IHS.

As we move forward there are other areas we need to focus on:

Drug pricing – Allow the IHS to use existing federal authority to negotiate prices to better deploy IHS budgeted funds.

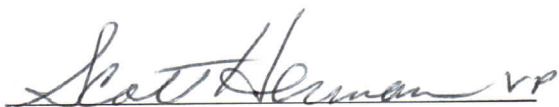
PRC – Focus on better systems and processes so that Tribes can access Medicaid & 3rd party money

HIPPA changes – Explore amendments to HIPPA that would give access to records and accountability for all Indian Healthcare facilities and operations.

We would also favor the President issuing an Executive Order very like the one issued for the VA. It could be possibly titled – *Improving Accountability and Whistleblower Protection at IHS*

We recognize the provision of healthcare is complicated. We see the national demand for change in delivery, service and financing of the healthcare system. We ask that members focus on the rebuilding of the IHS as both a way to meet the obligations of the US government to Tribes and to make sure that Tribes have a place at the table as the overall national debate on healthcare moves forward.

Once again, the Rosebud Sioux Tribe extends its gratitude in your commitment to improving health care by your introduction of H.R.2662 - *Restoring Accountability in the Indian Health Service Act of 2017* and we strongly support this bill.

A handwritten signature in cursive script, appearing to read "William Kindle", followed by the letters "vp" in a smaller, less stylized font.

William Kindle – President
Rosebud Sioux Tribe